

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075325 (8)

1. Corporation Name

FLORIDA SUNBELT HOUSING, INC.



Principal Place of Business

Mailing Address

**114 WEST BLOOMINGDALE
BRANDON FL 33511**

**114 WEST BLOOMINGDALE
BRANDON FL 33511**

3. Date Incorporated or Qualified
10/10/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **3612 Hwy. 92 East**
Suite, Apt. #, etc.

2a. Mailing Address
26 **3612 Hwy. 92 East**
Suite, Apt. #, etc.

4. FEI Number
59-3270971

Applied For
Not Applicable

22 City & State
Plant City, Fl.

27 City & State
Plant City, Fl.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
33566

25 Country
Hillsborough

29 Zip
33566

30 Country
Hillsborough

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAIN, JAMES W
114 WEST BLOOMINGDALE
BRANDON FL 33511**

81 Name **John Jarold Crawford**

82 Street Address (P.O. Box Number is Not Acceptable)
3410 Holland Dr.

83

84 City **Brandon**

FL

85 Zip Code
33511

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *John Jarold Crawford*

John Jarold Crawford

03-05-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **CAIN, JAMES W**
STREET ADDRESS **114 WEST BLOOMINGDALE**
CITY-STATE-ZIP **BRANDON FL 33511**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **D** DELETE
NAME **MARGOTTA, JOHN**
STREET ADDRESS **1915 WEST WATERS AVE., APT. 44**
CITY-STATE-ZIP **TAMPA FL 33604**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **D** DELETE
NAME **WEBB, ERNEST E**
STREET ADDRESS **18246 HANNA AVE.**
CITY-STATE-ZIP **LUTZ FL 33549**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **D** DELETE
NAME **NIPPER, MERRELL I**
STREET ADDRESS **3127 MILLER ROAD**
CITY-STATE-ZIP **VALRICO FL 33594**

4.1 TITLE **President** Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Merrell I. Nipper* **Merrell I. Nipper**

03-05-96 (813) 752-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)